



DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NAVAL RECORDS

2 NAVY ANNEX

WASHINGTON DC 20370-5100

ELP

Docket No. 1796-00

22 September 2000

[REDACTED]

Dear [REDACTED]:

This is in reference to your application for correction of your naval record pursuant to the provisions of Title 10, United States Code, Section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 13 September 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by the Department of Psychiatry, National Naval Medical Center, Bethesda, MD, dated 13 June 2000, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection the Board substantially concurred with the comments contained in the advisory opinion. Since that opinion summarizes your service medical history which led to your discharge by reason of personality disorder, further summarization is not required.

The available microfiche records provided for the Board's review were incomplete. However, your medical and Department of Veterans Affairs (DVA) records were obtained and the documents you provided were thoroughly reviewed by the Department of Psychiatry and the Board. The Board specifically noted the DVA psychological evaluation, which states that its testing did not support a diagnosis of a personality disorder. However, the Board also noted that the DVA psychologist did not observe you from the same vantage point as the Navy doctors, who saw you when you were subjected to the unique stresses of military service. It was also apparent that when you were evaluated by DVA, you did not report prior suicide attempts or threats to others. While in

recruit training, you were referred for psychological evaluation for threatening your recruiter and reported two suicide attempts prior to service. The Board found it difficult to understand why you were not discharged then. You were seen at least three times in 1996, once in 1997 and 1998, when a diagnosis of personality disorder was finally made after you attempted suicide. Individuals with suicidal ideation or who attempt suicide are viewed with grave concern by the Navy because they present a potential risk for harm to themselves and others if retained. The Board also noted the letters from a family friend and a senior chief boatswains mate. While these letters spoke of you in positive light, they had no bearing on the validity of the Navy's diagnosis which led to your discharge. The Board concluded that the reenlistment code was proper and no change is warranted. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

National Naval Medical Center
Department of Psychiatry
Outpatient Division
Bethesda, Maryland 20889-5600

13 June 2000

From: LCDR Theresa A. Bell, MC, USNR
To: CAPT William Nash, Specialty Advisor for Psychiatry, Chief BUMED, Naval Hospital, San Diego, CA 92134-5000

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS ICO [REDACTED]

Ref: (a) 10 U.S.C. 1552
(b) Board for Corrections of Naval Records letter of 25 April 2000 to Specialty Advisor for Psychiatry

Encl: (1) BCNR File
(2) Service Record

1. Per your request for review of the subject's petition for a correction of his Navy records and in response to reference (b), I have thoroughly reviewed enclosures (1) and (2).
2. Review of available Navy medical records revealed:
 - a. Entrance physical dated 4 October 1995 noting no psychiatric illness.
 - b. Greater than ten SF 600 entries from July through September 1996 from sick call during the period [REDACTED] was in boot camp. Reasons for visits pertained mainly to back pain, otitis, viral exanthem, and discovery of a positive Hepatitis A titer.
 - c. SF 600 dated 7 August 1996 by [REDACTED] Clinical Psychologist, diagnosing Malingering, Occupational Problem, and Adolescent Antisocial Behavior and recommending separation for failure to adapt. There was also a diagnosis of borderline traits noted. This evaluation was the result of the service member sending a threatening letter to his recruiter. The write-up highlighted two suicide attempts prior to enlistment (one in setting of relationship breakup), psychological testing consistent with malingering, and conditional suicidal ideation if he were to be retained in the Navy.
 - d. SF 600 dated 26 September 1996 signed by [REDACTED] Psychology Staff of Recruit Evaluation Unit in response to the above recommendation as well as to a consult by Branch Medical Clinic citing multiple visits in which service member complaints were greater than physical exam findings. Data was collected by HM [REDACTED] and a diagnosis of "No diagnosis" was given. The service member was recommended to return to duty.
 - e. SF 600 dated 15 October 1996 by [REDACTED] of the Branch Medical Clinic RTC Great Lakes documenting the service member's admission that he is "looking for a way out." This resulted in a second evaluation by [REDACTED] diagnosing Occupational Problem (Poor Motivation) and again recommending separation for failure to adapt. This resulted in a second document of data collected by [REDACTED] and signed by D. Hazedo on 23 October 1996 recommending RTD. The diagnosis written was Axis I, Occupational Problem and Axis II, No diagnosis. The service member refused to sign this document.
 - f. SF 513 and SF 600 dated 16 January 1997 by [REDACTED] Psychologist, in response to a command directed mental health evaluation. The diagnosis of a resolving Occupational Problem and history of Borderline traits were noted, and the service member was felt to have a guarded prognosis for success in the military.

LCDR MC USNR
Staff Psychiatrist